

**City of San José
Employee Services Department**

2006 Health Plan Rates (Bi-Weekly)

Effective from 1/1/2006 (PP 01) through 12/31/2006 (PP 26)*

ALL BENEFITED EMPLOYEES Except IAFF & IBEW						
(Health premiums are deducted the first 2 paydays of each month, and are pre-tax)						
	Kaiser Single	Kaiser Family	Blue Shield HMO Single	Blue Shield HMO Family	Blue Shield POS/PPO Single	Blue Shield POS/PPO Family
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39.9 Hrs						
Employee Contribution	18.86	25.00	20.64	44.46	112.04	279.53
City Contribution	170.24	445.86	170.25	445.91	170.48	446.52
Total	189.10	470.86	190.89	490.37	282.52	726.05
75% Benefits: Part-Time Employees who work 30 - 39.9 Hrs & RWW Employees who work 30 - 34.9 Hrs						
Employee Contribution	61.42	136.46	63.20	155.93	154.66	391.16
City Contribution	127.68	334.40	127.69	334.44	127.86	334.89
Total	189.10	470.86	190.89	490.37	282.52	726.05
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29.9 Hrs						
Employee Contribution	82.70	192.19	84.48	211.67	175.97	446.97
City Contribution	106.40	278.67	106.41	278.70	106.55	279.08
Total	189.10	470.86	190.89	490.37	282.52	726.05
50% Benefits: Part-Time & RWW Employees who work 20 - 24.99 Hrs						
Employee Contribution	103.98	247.93	105.76	267.41	197.28	502.79
City Contribution	85.12	222.93	85.13	222.96	85.24	223.26
Total	189.10	470.86	190.89	490.37	282.52	726.05

IAFF & IBEW Employees*						
(Health premiums are deducted the first 2 paydays of each month, and are pre-tax)						
	Kaiser Single	Kaiser Family	Blue Shield HMO Single	Blue Shield HMO Family	Blue Shield POS/PPO Single	Blue Shield POS/PPO Family
100% Benefits: Full-Time Employees						
Employee Contribution	12.50	12.50	14.28	31.96	105.68	267.03
City Contribution	176.60	458.36	176.61	458.41	176.84	459.02
Total	189.10	470.86	190.89	490.37	282.52	726.05

Health In-Lieu Plan Payments			
Payment in-lieu of coverage is available for qualified enrollees (full-time and RWW who work 35+ Hours)			
Payments are made every payday, are taxable, and are subject to withholding			
IAFF & IBEW Employees *		All Benefited Employees Except IAFF & IBEW	
211.55	If eligible for family coverage	205.78	If eligible for family coverage
81.51	If NOT eligible for family coverage	78.57	If NOT eligible for family coverage

* Effective April 1, 2006, the monthly cap on the employee contribution for the lowest cost plan (Kaiser) will increase to \$50 (\$25 Bi-weekly) for IBEW employees. This change is in accordance with the new IBEW contract and is reflected in the alternative health rates and in-lieu payments listed for non- IAFF & IBEW employees (shown on this rate sheet).

**City of San José
Employee Services Department**

2006 Dental Plan Rates (Bi-Weekly)

Effective from 1/1/2006 (PP 01) through 6/30/2006 (PP 13)*

Dental Insurance Plans				
(Dental premiums are deducted the first 2 paydays of each month, and are pre-tax)				
	IAFF & IBEW * Employees		All Benefited Employees Except IAFF & IBEW	
	-- NEW --		-- NEW --	
	Delta Dental PPO	DeltaCare/PMI HMO	Delta Dental PPO	DeltaCare/PMI HMO
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39.9 Hrs				
Employee Contribution	None	None	2.29	None
City Contribution	45.87	25.05	43.58	25.05
Total	45.87	25.05	45.87	25.05
75% Benefits: Part-Time Employees who work 30 - 39.9 Hrs & RWW Employees who work 30 - 34.9 Hrs				
Employee Contribution	11.46	6.26	13.18	6.26
City Contribution	34.41	18.79	32.69	18.79
Total	45.87	25.05	45.87	25.05
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29.9 Hrs				
Employee Contribution	17.20	9.39	18.63	9.39
City Contribution	28.67	15.66	27.24	15.66
Total	45.87	25.05	45.87	25.05
50% Benefits: Part-Time & RWW Employees who work 20 - 24.99 Hrs				
Employee Contribution	22.93	12.52	24.08	12.52
City Contribution	22.94	12.53	21.79	12.53
Total	45.87	25.05	45.87	25.05

Dental In-Lieu Plan Payments			
Payment in-lieu of coverage is available for qualified enrollees (full-time and RWW who work 35+ Hours) Payments are made every payday, are taxable, and are subject to withholding			
IAFF & IBEW Employees *		All Benefited Employees Except IAFF & IBEW	
Dental In-Lieu:	21.17	Dental In-Lieu:	20.11

* Effective April 1, 2006, IBEW employees enrolled in the more expensive Delta Dental PPO plan will be responsible for paying 5% of the monthly rate in accordance with the new IBEW contract. This change is reflected in the alternative dental rates and in-lieu payments listed for non- IAFF & IBEW employees (shown on this rate sheet).